

FY
16/17

Title V:

Injury Prevention

Request for Proposal

Indiana State Department of Health

Division of Maternal and Child Health



FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this Request for Proposals (RFP) is to fund **competitive** grants for nonprofit organizations, local health departments, and health care entities within the State of Indiana to implement and enhance injury prevention initiatives and programs.

SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by ISDH by NO LATER THAN

Friday, May 15th, 2015 at 5:00 pm EST

Applicants are to submit applications electronically. For electronic submission:

**SUBMIT APPLICATIONS VIA EMAIL TO THERESA HUNTER—
TITLE V COORDINATOR AT THUNTER@ISDH.IN.GOV**

SUMMARY OF FUNDING

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from local and statewide service providers and planning organizations (nonprofit organizations, hospitals, local health departments, community care centers, rural health centers, WIC locations) for **COMPETITIVE** grant funding. Funding will be used to develop and implement services focused on addressing Title V National and State Performance Measures.

The applicant should justify the size of the budget for each category of fundable services, for a total of **no more than \$20,000 per year**. Grants will be for a 24-month period and anticipate a start date of **October 1, 2015**.

TECHNICAL ASSISTANCE MEETING

ISDH will conduct a webinar to provide technical assistance with the grant application procedure on Tuesday April 14th , 2015 from 10:00am-11:00am.

Please use the following link for the test and to view the webcast:

<http://videocenter.isdh.in.gov/videos/>

Attendance at this webinar is strongly recommended for all prospective applicants.

DESCRIPTION OF TITLE V

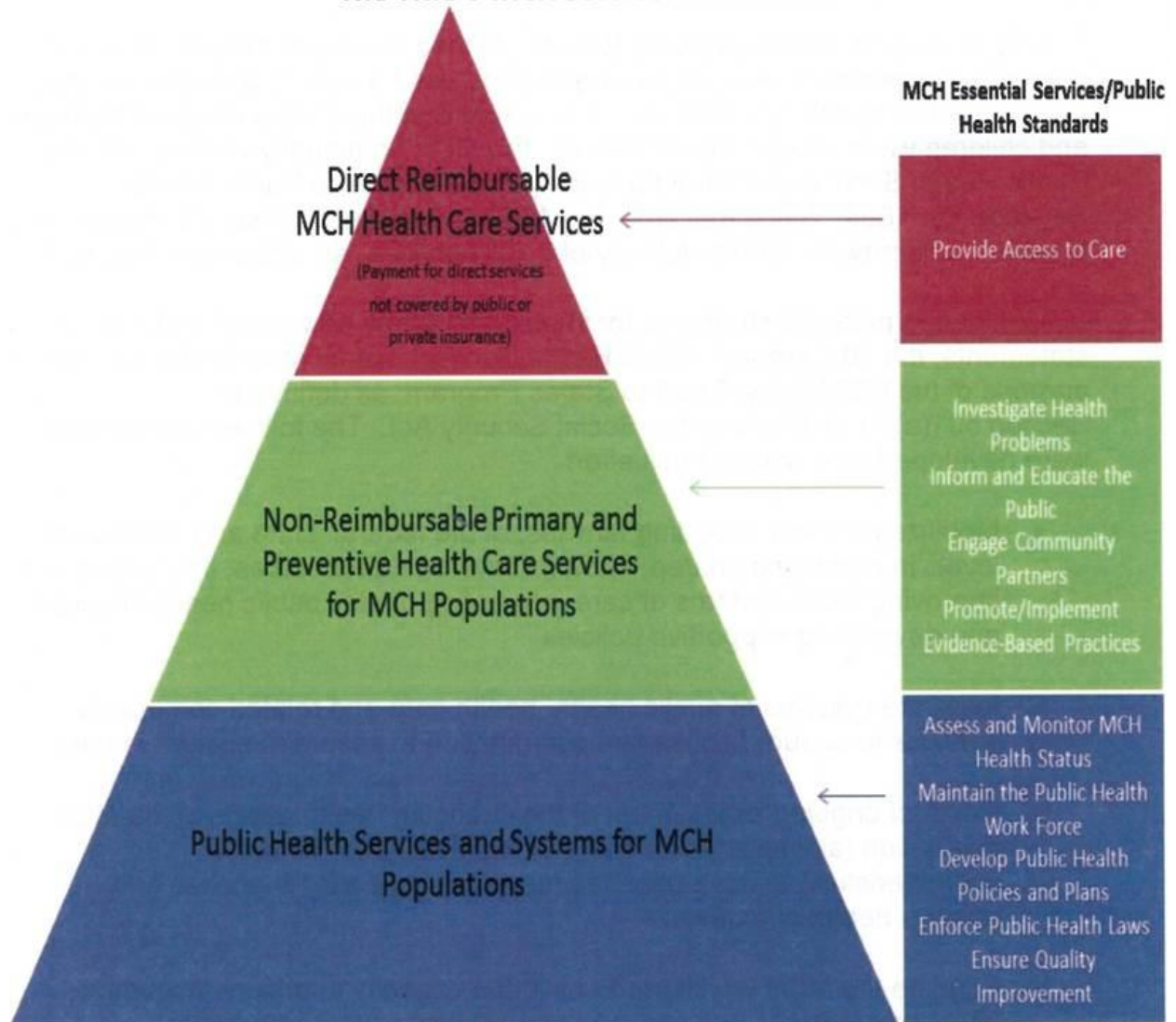
TITLE V

Enacted in 1935 as a part of the Social Security Act, the Title V Maternal and Child Health Program is the Nation's oldest Federal-State partnership. For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families. Title V converted to a Block Grant Program in 1981.

Specifically, the Title V Maternal and Child Health program seeks to:

- Assure access to quality care, especially for those with low-incomes or limited availability of care.
- Reduce infant mortality.
- Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at risk pregnant women).
- Increase the number of children receiving health assessments and follow-up diagnostic and treatment services.
- Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children.
- Implement family-centered, community-based, systems of coordinated care for children with special healthcare needs.

Public Health Services for MCH Populations: The Title V MCH Services Block Grant



POPULATION DOMAIN DESCRIPTION:

INJURY PREVENTION

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from local and statewide service providers and planning organizations (nonprofit organizations, hospitals, local health departments, community care centers, rural health centers, WIC locations) to implement injury prevention and health education programs to decrease the rate of injury-related hospitalizations per population aged 0-19. Potential grantees must state the need for the proposed injury prevention activities and explain how this recommendation was made by the local Child Fatality Review Team.

On July 1, 2013, a new Indiana law ([IC 16-49](#)) went into effect, requiring child fatality review teams in each county, with coordination and support for these teams to be provided by the Indiana State Department of Health (ISDH). The Indiana Child Fatality Review Program attempts to better understand how and why children die, take action to prevent other deaths, and improve the health and safety of our children. Child Fatality Review (CFR) is a collaborative process that can help us better understand why child fatalities occur within the community, and help us identify how we can prevent future deaths. CFR teams are multidisciplinary, professional teams which will conduct a comprehensive, in-depth review of a child's death and the circumstances and risk factors involved, and then seek to understand how and why the child died so that future injury and death can be prevented.

AWARD INFORMATION

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

- Must be a nonprofit organization (as defined by the IRS Tax Determination), health department, hospital, or other health care related entity
- Must collaborate with traditional and nontraditional agencies or organizations
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the Budget Section

APPLICATION AND REVIEW INFORMATION:

Additional evaluation weight will be assigned to applicants that:

- Provide services in high-risk counties
- Propose innovative approaches to injury prevention.

If the applying organization is currently an ISDH Title V grantee, objectives met or not will also weigh into the final decision.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

- All applicants will be required to report on specific performance criteria as outlined in the RFP.
- Applicants must submit quarterly and annual reports the Indiana State Department of Health.
- Applicants are required to report the unduplicated number of service recipients served for each program year.

TITLE V: RFP APPLICATION

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<i>SECTION 1</i>	<i>APPLICATION INSTRUCTIONS</i>
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<i>SECTION 5</i>	<i>APPLICATION NARRATIVE</i>
	<i>5-A: ORG BACKGROUN/CAPACITY</i> <i>5-B: STATEMENT OF NEED</i> <i>5-C: GOALS / OBJECTIVES</i> <i>5-D: ACTIVITIES</i> <i>5-E: STAFFING PLAN</i> <i>5-F: RESOURCE PLAN / FACILITIES</i> <i>5-G: EVIDENCE-BASED PRACTICE</i> <i>5-H: EVALUATION PLAN</i> <i>5-I: SUSTAINABILITY PLAN</i> <i>5-J: LITERATURE CITATIONS</i>
<i>SECTION 6</i>	<i>BUDGET</i>
<i>SECTION 7</i>	<i>REQUIRED ATTACHMENTS</i>
	<i>7-A: BIOSKETCHES</i> <i>7-B: JOB DESCRIPTIONS</i> <i>7-C: TIMELINE</i> <i>7-D: OUTCOME FORMS</i>
<i>SECTION 8</i>	<i>ADDITIONAL REQUIRED DOCUMENTS</i>
	<i>8-A: IRS NONPROFIT TAX DETERMINATION LETTER</i> <i>8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART</i> <i>8-C: LETTERS OF SUPPORT / MOUS</i>

SECTION 1: APPLICATION INSTRUCTIONS

Please use this document for all required application information. The application, in its entirety including all supplemental information, **cannot exceed 50 pages with one-inch margins, using easily readable 12-point font**. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The following outlines each section that must be completed in the application document.

SECTION 2: COMPLETION CHECKLIST

The Completion Checklist in Section 2 serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a “check mark” for completion.

SECTION 3: APPLICATION COVER PAGE

In Section 3: Cover Page, please list the Name, Title and Signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of contact
- Person authorized to make legal and contractual agreements

SECTION 4: SUMMARY (1 PAGE)

This summary will provide the reviewer a succinct and clear overview of the Agency’s plan to implement the program. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Brief description of the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s).
- Brief description of existing community partnerships (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships.

SECTION 5: APPLICATION NARRATIVE

In Section 5: Application Narrative, all required headings are listed. Please do not alter the format of the document.

SECTION 5-A: ORGANIZATION BACKGROUND/CAPACITY:

This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.
- If you are partnering with any other organizations, please explain the history of this partnership.
- Discuss the applicant organization's previous or current work related to injury prevention.

SECTION 5-B: STATEMENT OF NEED:

This section must describe need for and significance of this program in the specific community of population as it relates to the program goals. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the *population* of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, and geography, must be provided).
- Describe and justify the *geographic area(s)* to be served.
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.
- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references. (do not include copies of sources)
- Describe how the needs were identified.
- Describe resources currently available and identify gaps in services.

- Demonstrate how the applicant agency and its partner organization(s) have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) of the population(s) of focus.

Documentation of need may come from a variety of reliable and valid sources including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data.

SECTION 5-C: GOALS/OBJECTIVES:

This section must describe how your program intends to achieve the proposed goals and objectives.

- Provide the overall project goals and each objective. Ensure SMART objectives: Smart, Measurable, Achievable, Realistic and Time-bound.
- Clearly state the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.
- Describe how achievement of the goals will produce meaningful and relevant results.

SECTION 5-D: ACTIVITIES:

This section must describe the activities of the project. These must relate to the proposed objectives.

- Describe how the proposed service(s) or practice(s) will be implemented or expanded.
- Describe how the populations of interest will be identified, recruited and retained. Using knowledge of beliefs, norms and values, and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population (e.g. collaborating with community gatekeepers).
- Identify any other organization that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.
- Show that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed or near completion so that the project can be implemented and service delivery begin as soon as possible and no later than 3 months after the grant award.

- Describe the potential barriers to success of the proposed project and how these barriers will be addressed.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.

SECTION 5-E: STAFFING PLAN:

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE) and qualifications.
- Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population(s) of focus, and familiarity with cultures and languages of the proposed populations.
- Describe efforts to competitively compensate staff and plans for staff retention.
- Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

SECTION 5-F: RESOURCE PLAN/FACILITIES:

This section must describe the facilities that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).
- Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.
- Explain how the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.

SECTION 5-G: EVIDENCE-BASED PRACTICE

Identify the *evidence based service(s) or promising practice(s)* that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Please cite the sources of your information.

- Discuss the evidence that shows that this practice is effective with your population(s) of focus.
- If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for the population(s).
- Identify and justify any modifications or adaptations you will need to make (or have already made) to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.

SECTION 5-H: EVALUATION PLAN

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. In this section, the applicant organization must document its ability to collect and report on the required priority measurements.

Outcome Evaluation (for each of the bullets below; please list responsible staff and frequency)

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to priority measurements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
- Describe the plan for maintenance of fidelity to the evidence-based model(s).
- Describe plan for protection of client privacy, following HIPAA requirements.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.
- Describe how outcome data will be used to guide applicant's education programs in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

SECTION 5-I: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g., Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plans to continue collaborating partnerships.

SECTION 5-J: LITERATURE CITATIONS: (1 PAGE)

In this section, please list complete citations for all references cited*, including:

- Document title
- Author
- Agency
- Year
- Website (if applicable)

**American Psychological Association [APA] style is recommended*

SECTION 6: BUDGET

Please use the Title V: Injury Prevention RFP Application document, Section 6 to fill out the required Budget Section. For budget-related questions, please contact Alisha Borcharding at aborcherding@isdh.in.gov or 317-233-7558.

Budget forms are attached as a separate Microsoft Excel workbook; this is to be completed and submitted as an Excel workbook along with your application. Do NOT substitute a different format. Create separate budgets for Fiscal Year (FY) 2016 and FY 2017 using the appropriate tabs for each worksheet; do NOT combine budget information for FY 2016 and FY 2017. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

Title V grantees are required to provide matching funds of at least 30% of the amount requested from ISDH. All staff listed in the budget must be included in the Staff listing as indicated in Section 6 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.44 per mile, \$26 per day per diem, and \$89 plus tax per night of lodging. Please check for consistency among all budget information. Your budget must correlate with project duration:

- **FY 2016 - October 1, 2015 through September 30, 2016 and**
- **FY 2017 - October 1, 2016 through September 30, 2017.**

In completing the packet, remember that all amounts should be rounded to the nearest penny.

Completing the Budget Workbook

There are a total of seven tabs in the workbook – a Summary tab as well as a Schedule A, Schedule B, and Anticipated Expenditures tab for each fiscal year. Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each year. Do not change any of the formulas already populated in the totals columns.

Schedule A

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member must be listed by name. Each staff member's hourly rate, hours per week, and weeks per year should be entered, and the Annual MCH Salary column will automatically calculate the total. Common fringe categories have been given, but please only fill in the Fringe based on what is used by each staff member. Again, the Annual Fringe Benefits column will automatically calculate the total.

Columns are provided to enter the amount of each budget item that will be paid by MCH funds, match funds, and any non-match funds (see diagram below). Those three amounts are automatically totaled in the next column so you can easily verify that the amounts entered come to the same total as the budget item. Each column automatically totals per staff category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion also automatically fills in on the Anticipated Expenditures tab.

5							
6	111.000 Physicians	per					
7	Employee Name	Other	Annual Fringe Benefits	MCH Portion	Match	Non-match	Total (should match Annual Fringe Benefits)
8		\$ -	\$ -				\$ -
9		\$ -	\$ -				\$ -
10		\$ -	\$ -				\$ -
11		\$ -	\$ -				\$ -
12		\$ -	\$ -				\$ -
13		Age Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule B

Typical contractual service categories have been provided as guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State's rates as indicated for each item. Please be aware that indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

As with Schedule A, there are columns to enter the MCH portion, match, and non-match funds and a total to verify it matches the total of the budget item. Each column automatically totals per category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion also automatically fills in on the Anticipated Expenditures tab.

Anticipated Expenditures Form

Title V has a 30% match requirement. Title V is federal funding, and as such you cannot use federal funds as match. The anticipated expenditures form is set up to automatically populate the MCH Funds column from your Schedule A and B totals. The Subtotal and Total rows at the bottom are set up with SUM formulas to automatically total and are locked to prevent editing. The only cells you will be able to access are the ones where information needs to be entered. Please indicate where your match funding and non-match funding will come from for each budget category.

Account Codes

111.000 Physicians		
Clinical Geneticist	Medical Geneticist	Pediatrician
Family Practice Physician	OB/GYN	Resident/ Intern
General Family Physician	Other Physician	Neonatologist
Genetic Fellow		
111.150 Dentists/ Hygienists		
Dental Assistant	Dental Hygienist	Dentist
111.200 Other Service Providers		
Audiologist	Genetic Counselor (M.S.)	Psychologist
Child Development Specialist	Health Educator/ Teacher	Psychometrist
Community Educator	Outreach Worker	Speech Pathologist
Community Health Worker	Physical Therapist	Occupational Therapist
Family Planning Counselor	Physician Assistant	
111.350 Care Coordination		
Licensed Clinical Social Worker(L.C.S.W.)	Registered Dietician	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (B.S.W.)	Registered Nurse
Physician		
111.400 Nurses		
Clinic Coordinator	Licensed Midwife	Pediatric Nurse Practitioner
Community Health Nurse	Licensed Practical Nurse	Registered Nurse
Family Planning Nurse Practitioner	Other Nurse	School Nurse Practitioner
Family Practice Nurse Practitioner	Other Nurse Practitioner	OB/GYN Nurse Practitioner
111.600 Social Service Providers		
Caseworker	Counselor (M.S.)	Social Worker (M.S.W.)
Licensed Clinical Social Worker(L.C.S.W.)	Social Worker (B.S.W.)	Counselor
Licensed Social Worker (L.S.W.)		
111.700 Nutritionists/ Dietitians		
Dietitian (R.D. Eligible)	Registered Dietitian	Nutritionist (Master's Degree)
Nutrition Educator		
111.800 Medical/ Dental Project Director		
Dental Director	Medical Director	Project Director
111.825 Project Coordinator		
111.850 Other Administration		
Accountant/ Finance/ Bookkeeper	Data Entry Clerk	Nurse Aid
Administrator/ General Manager	Evaluator	Other Administration
Clinic Aide	Laboratory Assistant	Programmer/ Systems Analyst
Clinic Coordinator (Administration)	Laboratory Technician	Secretary/ Clerk/ Medical Record
Communications Coordinator	Maintenance/ Housekeeping	Genetic Associate/ Assistant
115.000 Fringe Benefits		
200.000 Contractual Services		
Insurance and Bonding (insurance premiums for fire, theft, liability, fidelity bonds, etc.; malpractice insurance premiums cannot be paid with grant funds)	Equipment Leases Maintenance Agreements	Licensing
200.700 Travel		
Conference Registrations	In-State Staff Travel	
200.800 Rental and Utilities		
Janitorial Services	Utilities	Rental of Space
200.850 Communications		
Postage (including UPS)	Publications	Subscriptions
Printing Costs	Reports	Telephone
200.900 Other Expenditures		
Approved items not otherwise classified above		
Consultants		
Individuals not directly employed by your organization, but with whom you want to contract to perform services under this grant. (If you are contracting with an <u>organization</u> for services, you should list the organization under 200.00 Contractual Services.)		

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be paid for with Quit for Baby grant funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase / rental;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Fundraising expenses;
15. Legal fees;
16. Legislative lobbying.
17. Equipment;
18. Out-of-state travel; and
19. Dues to societies, organizations, or federations.
20. Incentives

For further clarification on allowable expenditures, please contact:

Alisha Borcharding, MCH Operations Manager, aborcharding@isdh.in.gov or 317/233-7558

SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-A: BIO-SKETCHES (INSTRUCTIONS)

- For positions already filled, provide a brief Bio-Sketch for key personnel.

SECTION 7-B: JOB DESCRIPTIONS (INSTRUCTIONS)

- For positions to be announced and positions currently filled, please provide a brief Job Description for key personnel.

SECTION 7-C: TIMELINE (INSTRUCTIONS)

- Please include a minimum of the following information in the Timeline:
- List activities to occur within each of the Phases (Planning, Implementation, and Evaluation).
- Indicate in which quarter(s) each activity will occur.
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.
- You will complete separate timelines for FY16 and FY17.

SECTION 7-D: OUTCOMES FORMS (INSTRUCTIONS)

Please use the TITLE V- INJURY PREVENTION APPLICATION document, Section 7-D to fill out the required Outcomes Forms. There are two Outcomes Forms available that are specific to services:

- **Injury Prevention Templates:** These templates are general in nature and will be used for all proposed activities.

SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

If applicable, please include the following required documents (no specific format required) with the **TITLE V: INJURY PREVENTION RFP APPLICATION** submission.

Please refer to the [SUBMISSION INFORMATION](#) section for more information.

SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the **TITLE V: INJURY PREVENTION RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1 page total.

ATTACHMENT 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the **TITLE V: INJURY PREVENTION RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's overall organizational chart as well as the applicant organization's program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to 2 pages total.

ATTACHMENT 8-C: LETTERS OF SUPPORT / MOUS (10 PAGES MAX)

Please include with the submission of the **TITLE V: INJURY PREVENTION RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization. Please limit this attachment to 10 pages total.

ADDITIONAL RESOURCES

MCH CONTACTS

THERESA HUNTER

Title V Coordinator

317.234.6326

Thunter@isdh.in.gov

BOB BOWMAN

MCH Division Director

317.233.1252

BobBowman@isdh.in.gov

GRANTS MANAGEMENT CONTACTS

ALISHA BORCHERDING

MCH Operations Manager

317.233.7129

aborcherding@isdh.in.gov

WEBSITE RESOURCES

- Indiana Child Fatality Review: <http://www.state.in.us/isdh/26154.htm>
- ISDH Labor of Love: www.laboroflove.in.gov
- Indiana State Department of Health- Maternal and Child Health: <http://in.gov/isdh/19571.htm>
- SMART Objectives: www.cdc.gov/phn/communities/resourcekit/tools/evaluate/smart_objectives.html
- Maternal and Child Health Bureau: www.mchb.hrsa.gov
- Life-course Perspective: www.mchb.hrsa.gov/lifecourseresources.htm
- Outcome Indicator Percentages by County of Residence and Race of Mother (Table): http://www.in.gov/isdh/reports/natality/2012/tbl32_t.htm